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ABSTRACT

Infertility is a widespread health problem in the United States, affecting anywhere from 10 to 15 percent and perhaps even a greater percentage of U.S. couples. Infertility can have far-reaching effects on life satisfaction, well-being, and psychological adjustment. This paper presents an analysis of sex and intimacy among infertile couples based on the qualitative analysis of intensive interviews conducted with 22 infertile couples in western New York. One-half of the people in the study reported that their marriages had become closer rather than more distant because of the experience of infertility. A major reason for the high level of perceived closeness is the high level of communication required for a couple to deal with infertility. Thus, while infertility introduces tensions into a relationship, working out the problems arising from the infertility leads to most of these couples achieving a closer relationship. (Author/SM)

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SEX AND INTIMACY AMONG INFERTILE COUPLES

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ABSTRACT

This essay makes use of interview data to explore the effects of infertility on sexual satisfaction and intimacy in an attempt to show that the relationship between sexual satisfaction is conditioned by social context and by the meanings attributed to sex. Intensive semi-structured interviews were conducted with twenty-two couples living in Western New York. Couples were located through a "snowball" sampling technique. Marital partners were interviewed concurrently by two separate interviewers.

Most of the couples in our study reported unsatisfactory sex lives. Our analysis of infertile couples' descriptions of the effects of infertility on sex uncovered four major themes; sex was adversely affected 1) due to having to schedule intercourse; 2) because intercourse became a means to an end; 3) because privacy was invaded when physicians and others required information about couples' lovemaking; and 4) because the act of intercourse itself was a reminder of the couples' infertility.

In spite of their unsatisfactory experiences with sex, half of the people in our study reported that their marriages had become closer rather than more distant because of the experience of infertility. A major reason for the high level of perceived closeness is the high level of communication required for a couple to deal with infertility. Thus it seems that while infertility introduces tensions into a relationship, that which produces much of the tension-- the need for people with different perspectives to work out a common course of action to deal with a common problem-- is also that which serves, in the long run, to make most of these couples feel closer. Infertility deprives couples of one resource for intimacy, i.e., enjoyable sex, but supplies them with another-- the enhanced communication that comes from facing a problem together.

SEX AND INTIMACY AMONG INFERTILE COUPLES

This essay addresses the relationship between sexual satisfaction and marital intimacy, or the perceived closeness of the marital relationship, among infertile couples. The few studies that attempt to explore the relationship between sexual satisfaction and intimacy in a direct manner (Hunt 1974; Patton and Waring 1985; Schenk et al 1983) have found a correlation to exist. Other evidence of an association between satisfaction with one's sex life and intimacy comes from studies of the relationship between sexual satisfaction and marital satisfaction (Bell and Bell 1972; Blumstein and Schwartz 1983; Carlson 1976; Frank et al 1979; Gebhard 1966; Greenblat 1983; Klagsbrun 1985; Perlman and Abramson 1982; Udry 1974; Wallin and Clark 1964) a more global term than intimacy (Schaefer and Olson 1983), and from studies of the relationship between sexual satisfaction and personality compatibility (Farley and Davis 1980). No clear impression about the nature of the link between marital satisfaction and sexual satisfaction emerges from this literature (Nye and Berardo 1973). Some studies (e.g. Wallin and Clark 1964) assume that sexual satisfaction is causative, others (e.g. Schenk et al 1983 assume that aspects of the marital relationship are causative, and still others (e.g. Perlman and Abramson 1982) refrain altogether from the attempt to make causal inferences.

Those few studies which examine the relationship between sexual satisfaction and marital intimacy in a direct manner tend to be based on quantitative data. The quantitative nature of the available data presents two problems for those trying to understand the connection between these two phenomena. First, the correlational nature of the data makes it difficult to specify the mechanism tying intimacy to sexual satisfaction,

or the causal direction of this relationship. Second, quantitative studies by their very nature tend to downplay the importance of the meanings attributed to sex and the context in which sexual activity takes place for conditioning the relationship between sexual satisfaction and the perceived closeness of a relationship.

That questions of meaning and context are all important to understanding the connection between sexual satisfaction and marital intimacy is clear from the studies of this relationship which show differences between men and women (Blumstein and Schwartz 1985; Burgess and Wallin 1953; Carlson 1976; Rubin 1976; 1983). Sexual satisfaction is more closely correlated with marital satisfaction among husbands than among wives (Burgess and Wallin 1953; Blumstein and Schwartz 1985). According to such studies, sex means something different for men than it does for women. Future studies on the theme of sexual satisfaction with the marital relationship should go beyond the question of the correlation of these two variables to discuss the meaning which people attribute to sex and the social contexts in which these meanings arise. This can be done more easily through the qualitative analysis of data than through the quantitative analysis of correlational data. This essay presents qualitative data from interviews with infertile couples to demonstrate the importance of taking the meaning and the social context of sex into consideration when attempting to understand the relationship between sexual satisfaction and marital intimacy.

Infertility, the inability to conceive or to carry a child to live birth, is a widespread health problem in the United States, affecting anywhere from 10% (Mosher 1982) to 15% (Menning 1977) and perhaps an even greater percentage of American couples (Greil and Leitko 1986). In

addition to being widespread, infertility is a health problem which can have far-reaching effects on life satisfaction, well-being and psychological adjustment (Bell 1981; Berk and Shapiro 1984; Bresnick 1981; Kraft et al 1984; Leitko and Greil 1985; Mazor 1979; 1980; 1984; Menning 1977; 1979; Wiehe 1976). Infertility is purported to have an especially catastrophic impact on sexual satisfaction (Berk and Shapiro 1984; Burgwyn 1981; Leitko and Greil 1985; Mazor 1979; 1980; 1984; Menning 1977; 1979; Kaufman 1969; Walker 1978). Since intimacy and sexual satisfaction are correlated, we might expect infertility to have an equally devastating impact on the perceived closeness of the marital relationship.

In this essay, we present qualitative data drawn from interviews with infertile couples which show that unsatisfying sex does not necessarily have a negative impact on perceived marital closeness. After documenting the effects of infertility on sex and on marital intimacy, we present an analysis of the apparent incongruity between the effects of infertility on satisfaction with sexual relations and the effects of infertility on marital intimacy. We conclude with a brief discussion of the implications of our data for understanding the relationship between sexual satisfaction and marital satisfaction.

METHODS

Our analysis of sex and intimacy among infertile couples is based on the qualitative analysis of intensive interviews conducted with twenty-two infertile couples in Western New York state. Couples were located through a "snowball" sampling technique. Initial contacts were made through the local chapter of Resolve, an infertility support group, and respondents were asked to contact other couples to find out if they were willing to be

interviewed. We took care not to accept more than two referrals from any one respondent, and we encouraged our respondents to help us find subjects not involved with Resolve as well as those who are involved. Of the twenty-two couples we have interviewed, ten reported that at least one member of the couple was active in Resolve. In our analysis of the interview data we did not discover any striking differences between the responses of Resolve members and non-members.

The couples in our sample had been married for an average of nine years at the time of the interview. All but one of the couples we interviewed had sought medical treatment for infertility at the time of the interview. Our sample included couples with a wide range of medical, reproductive and family growth histories. Three of the twenty-two couples (including the couple who had not sought treatment) already had biological children in the home when they discovered their infertility and would therefore be classified as cases of secondary infertility. The other nineteen were involuntarily childless at the start of their infertility investigations. Eleven couples had adopted children by the time of the interview. One wife had had a successful pregnancy and four wives, (including two who had already adopted at least one child) were aware of being pregnant at the time of the interview. All told, fourteen of the couples had achieved some measure of success in their quest for a child by the time of the interview.

One might question our inclusion of three cases of secondary infertility in our sample, since it seems reasonable to assume that the experience of secondary infertility is quite different than that of primary infertility, or involuntary childlessness. In so far as the foci of this essay are concerned, however, we found the similarities much more striking

than the differences. We therefore opted to include the three cases of secondary infertility in our sample. The question of the differences between the experiences of the secondarily infertile and the involuntary childless is, of course, a worthy subject for future investigation.

The couples in our sample are considerably better-off than the national average in terms of annual family income and education. Both men and women were asked to estimate their annual family income. The mean estimate for men was $48,000; for women, it was $38,000. Fifteen women and sixteen men had completed college; eight women and six men had gone on to attain advanced degrees. All of the subjects had completed high school. All of the husbands and thirteen of the wives were engaged in full-time employment outside the home at the time of the interview.

Marital partners were interviewed concurrently by two separate interviewers. Interviewers were guided by a list of topics which were to be covered but were free to vary the order of topics in accordance with the "flow" of the interview. Interviews lasted an average of one hour and fifteen minutes. Subjects covered included: the decision to bear children, treatment history, reactions to treatment, decisions regarding adoption, artifical insemination and in vitro fertilization, couple reaction to infertility, changes in life-style and social relationships, effects of infertility and infertility decision-making on career, and effects of infertility on values and attitudes.

During the course of the interview, all respondents were asked if the experience of infertility had affected sex and if the experience of infertility had any effect on their marital relationship. We report upon the responses generated by these questions in the following sections.

In a review of the literature on the emotional and psychological consequences of infertility, Berk and Shapiro (1984, p.43) assert that "no aspect of the couple's functioning is more affected by infertility than sexuality." On the basis of her clinical work with infertile couples, Mazor (1979; 1980; 1984) reports that loss of sexual desire or capacity is a typical consequence of infertility. Only four of the twenty-two couples we interviewed report that sexual activity was as pleasurable or nearly as pleasurable as it had been before they became conscious of their problem with fertility. It is interesting to note that both partners within couples tend to agree in their evaluation of sex, since in general husbands and wives react to infertility in strikingly different ways (Greil and Leitko 1986; Leitko and Greil 1985; Link and Darling 1986). Wives experience infertility as role failure. They see infertility as a devastating threat to identity, about which they think often and from which they cannot escape. Wives immerse themselves in the task of solving their infertility problems, actively seeking treatment and reading voraciously on the subject. Husbands see infertility as an unfortunate circumstance, but as one which can be put into perspective and dealt with. For husbands, the main problem with infertility is that their wives are unhappy and homelife is less enjoyable than it once was.

The theme most commonly expressed by those who felt their sex lives had deteriorated had to do with the negative consequences of engaging in sex according to schedule (Kaufman 1969, p. 381). Infertile couples are likely to schedule sex for several reasons. First of all, couples schedule sex in order to ensure that they will have intercourse when the wife is likely to be ovulating. One of the first diagnostic procedures recommended

to woman being treated for infertility is charting basal body temperature. The woman takes her temperature upon awakening each morning and marks it on a chart. If a woman's basal body temperature rises at about the middle of the menstrual cycle, then she is probably ovulating. B.B.T. charts are used in the infertility workup to give the physician a crude indication of whether there are ovulatory problems and also to make sure that the infertile couple is engaging in intercourse during that part of the cycle when conception is most likely. Since it is the couple who put the dots on the B.B.T. chart, they are likely to be constantly aware of where they stand in the wife's cycle and whether or not a particular day is a "good" time for sex.

A second reason for scheduling sex is that the number of sperm in a man's ejaculate will be greater if intercourse is not too frequent. Physicians generally suggest that a couple wait 36 to 48 hours after intercourse before engaging in intercourse again. A third reason for scheduling sex is that frequent ejaculation leads to a more rapid replenishing of a man's sperm. Thus, some couples will make it a point to engage in intercourse at regular intervals even when the woman is not in the fertile stage of her cycle.

An awareness of these considerations quite naturally leads couples to be concerned with having sex at the "right" times. In the following excerpt from an interview one man describes his preoccupation with timing:

> It doesn't matter whether or not you've got to get up early the next day and would really rather just sleep. Should you be having any becomes a question. Should we have intercouse tonight? Maybe it makes a difference if we have it in the morning, maybe we ought to take time off from work and go in the afternoon, or maybe it ought to be in the evening.

In the following three excerpts, people describe the effects of scheduled sex on the quality of their sexual relationships:

> It's just a real intrusion into any kind of spontaneity that you could enjoy. That was hard, that was the hardest part for me, I think, you know, the sex on demand, sex to time requirements. (male)

> The stress in the bedroom has been tremendous. We have our off nights and we have our on nights. I've been keeping charts since 1983. I had 3 years' worth of basal temperature charts and it has put a damper on our sex life. Having to perform relations when you've had a wicked day at work and making a baby is the last thing on your mind or having sex for procreative purposes is sometimes frustrating. (female)

> For us, it had become such a chore, it had become displeasurable. It was not fun, it wasn't enjoyable, you did it under pressure. Whether you wanted to or not, you had to do it. (male)

Couples disagree about what it is about "sex on demand" that is most frustrating. Some are most bothered by having to abstain from intercouse when they desire it:

> I don't know what's normal for people, but with us, it hasn't been a problem to have to have intercourse on certain days, except that we're not allowed to on the other days. It's having it interfere with when you want to do it, not doing it because you have to do it. (female)

Others find it more frustrating to have sex when they don't desire it:

> It was at times frustrating when you would say, hey, "Not today, it's tomorrow." But I think even more frustrating was saying, "It has to be today, it's not tomorrow." You know, you go to bed and you go, "Oh, God, I'm so tired," and "No, you can't be too tired now. Wake up, let's go." That was probably more frustrating than the other. (male)

For some couples, the need to plan something that "ought" to be spontaneous brings with it communication problems and emotional pain:

> I don't remember there ever being hurt feelings before. But now all of a sudden, there were hurt feelings. I was afraid to tell him sometimes that this was a good night, because I knew that he wasn't in the mood or that he was too tired. I could always tell if he was doing me a favor.

In some cases, one partner may try to shield the other from the negative consequences of scheduling sex:

> I think in her own way she's able to encourage and entice at the right time of the month and that kind of thing without talking about it anymore. I think there was always a lot of stress.

Given the reactions to scheduling sex that these people report, it is not surprising, that for one couple, the pressure of timed sex was a major factor in the decision to stop treatment.

The felt need to schedule sex in order to maximize the likelihood of conception contributes to the transformation of intercourse from an end in itself into merely the means of procreation (Mazor 1984, p. 27). Couples describe thinking of sex as something that needs to be done rather than as something enjoyable. They often employ the term "mechanical" (Menning 1977) in their descriptions of sex:

> It's one way to turn your sex life off. Sex becomes mechanical. It becomes simply an act and something to be accomplished rather than a tender moment shared between two people who really care for each other. It doesn't become a caring thing. It's just mechanical and prescribed. (male)

> Every time we, we made love, it wasn't really for love; it was to make a child. The sexuality became more mechanical. It was sex, it wasn't love. It was mechanical. (male)

For one couple, the change in the way they thought of sex was a reason for stopping treatment:

> We decided that we had had enough. We just decided it wasn't fun anymore. Every time we made love it was, "well, this is to get a baby," and that's not what we wanted our marriage based on. (female)

Some couples find they are still able to enjoy sex at those times during the wife's cycle when conception is not likely (i.e., when sex is not a means to make a baby):

> I think I probably enjoy intercourse more during the times when I'm not fertile. Because around the time of ovulation, I always think, "I wonder if this could be it," and I try not to move out of the bed, and all those things. You know, be sure to go to the bathroom beforehand cause you don't want to get out of bed right after, and put everything where I can reach it so I don't have to move for awhile. And, you know, I don't like that as much.

More frequently, however, as in the following two excerpts, couples report that they only engage in sex when it is "called for:"

> Interviewer
> Did your intercourse come less frequently during this whole period while you were pursuing treatment?
>
> Respondent
> During the nonfertile times. During the fertile times it was every other day, odd days this month, even days the next month. But as far as having sex for sex's sake or sex for fun, we didn't have that much of it. (female)

> It was only a means to have a child in my book. And I really didn't care to have it any other time. Just when we had to. And when it came time to taking the temperature charts into the doctor, I put extra x's on the chart. Every time you did it, it was like, "I wonder if it's going to be this time," you know, and you're too busy trying to remember to put your legs up and the pillow under your hips or whatever your method of the month was. (female)

This last excerpt brings us to another theme expressed by the couples we interviewed--invasion of privacy (Fenton and Lifchez, 1980; Matthews and Martin Matthews, 1986, p. 643). The woman who has just spoken has described putting extra x's on her B.B.T. chart so that her doctor would not know how infrequently she and her husband were engaging in intercourse during "the off season." B.B.T. charts do more than provide the infertile couple with data on the basis of which sex is to be scheduled; they also serve as a symbol for the invasion of privacy experienced by the infertile. B.B.T. charts are the visable reminders that sex is no longer an act which

concerns two individuals alone. This point can be illustrated by several excerpts from our interviews.

> I hated it. I felt like such an idiot, not being active sexually at the right times. I felt like saying, "It's none of your business." It felt good getting rid of those charts. (female)

> It was a pain in the ole butt. You know, you sit down and take the temperature and mark it down on the chart. Sometimes you'd do it, and sometimes you'd forget. And I think telling the doctor what was going on, you were embarrassed. (male)

A final factor contributing to the negative evaluation of sex among infertile couples is that the sexual act itself may come to serve as a reminder of infertility. A woman puts it this way:

> You would get very romantically inclined and everything, and then you'd start making love. And, all of a sudden, in the back of my mind, I'm saying, "Well is this going to make me pregnant?"

Here, a man describes his thoughts during intercourse:

> "Oh my God, the pressure's on now, I better wake up. I better do something, and it better be good." That part of it made it hard. All of a sudden now you felt under a lot of pressure to perform.

To summarize, our analysis of infertile couples' descriptions of the effects of infertility on sex has uncovered four major themes:

1. The need to schedule intercourse removes the spontaneity and romance from it.

2. Sex comes to be viewed as a means to an end and not as an end in itself.

3. Infertile couples feel that their privacy is threatened by the fact that others have access to information about what ought to be their most intimate experiences.

4. The act of intercourse itself can become a potent reminder of the couple's inability to conceive.

PERCEIVED EFFECTS OF INFERTILITY ON THE MARITAL RELATIONSHIP

Considering the unsatisfying nature of sex among infertile couples and the profound psychological and emotional effects of the experience of infertility, it is not surprising that most of those who have discussed the effects of infertility on the marital relationship have seen infertility as threatening to marriage (Berk and Shapiro 1984, p. 42; Kaufman 1969; Kraft et al 1980, p. 625; Mahlsted 1985; Mazor 1984; Menning 1977; 1979), although a few observers have noted that some marriages are strengthened as a result of infertility (e.g. Van Keep and Schmidt-Elmendorf 1975). Martin Matthews and Matthews (1986) have suggested that one focus of future infertility research should be on the nature of marital relations under conditions of stress. In eight of the couples we interviewed, husbands and wives agree that infertility has brought them closer together. In five couples, both spouses believe that they became more distant from each other than before. In two couples, both spouses express the opinion that infertility did not have much effect on their relationships. In an additional three cases, husbands think that infertility led to a strengthening of their marital relationships, while their wives either feel that the relationship became less close (2) or that the relationship was unchanged (1). There are also three cases where wives feel that the relationship was made closer by infertility, while their husbands either disagree (1) or are unsure (2). In one case, the wife thinks infertility made the marriage less close while her husband does not feel that the marriage has really been affected that much.

The fact that half of the people we interviewed say that infertility brought them closer together is made more impressive by the fact that these couples were not prompted to affirm or deny that their relationships had been strengthened. Rather, they volunteered this interpretation in response to an open-ended question. Of the four couples cited in the previous section as feeling that infertility has not left a significant negative imprint on their sex lives, two couples say that infertility brought them closer together, one couple says it pulled them farther apart, and one couple sends "mixed signals."

We turn our attention now to a discussion of themes that emerge in our interviews with couples who see infertility as having a salutary effect on their marital relationships. One woman describes herself as having become more protective:

> I think we started out close to begin with, and I just think it made us closer, you know. I felt myself getting very protective of my husband when they would say comments like, "Well, don't you know what to do to get her pregnant," and things like that. I think I would get very protective.

While acknowledging that it introduced some tension into their lives, her husband agrees that the overall effect of infertility was to bring them closer together:

> It put a strain on it too, but it brought us closer together. We just came tighter together. We've always been close and we decided that we could work this situation through, and if it meant that we weren't going to have any children, we could adopt eventually and go from that point.

"Working the situation through" is a theme commonly sounded by the couples we spoke to. A number of people stressed the idea that infertility was a major life crisis, and that they were forced to pull together in order to "weather the storm":

> It brought us closer together. It was like a major life crisis that just didn't quit. It just went on and on and on. We felt a lot of the time like it was just going to be us against the world. Everything was facing on us and it was just the two of us that had to dig our way out. (female)

> I think my marriage has been solidified and that I know how much I want it to work. I know that it isn't all roses like it was for a long time. I feel like we've gone through a test, and I think in a lot of ways we've been tested more than some people have. (male)

> In the long run it's really made us stronger. It's forced us to deal with issues that a lot of other people haven't dealt with. (female)

In a study of parents of children with cancer, Barbarin et al (1985) also found marital partners to report that a crisis had improved the quality of their marital relationships. But, perhaps even more than many other kinds of crises, infertility presents itself to couples as a shared problem. One of the distinctive features of infertility as a health problem is that it is a problem for a couple, not for an individual. "For women, the single most common cause of infertility is...mating with an infertile man. (Conversely, the single most common cause of infertility in men is mating with an infertile woman)" (Rothman, 1982, pp. 121-122). Of the 90% of cases of infertility for which a diagnosis can be found, a female medical factor is involved in 40% of the cases, a male medical factor is involved in 40%, and another 20% of the cases involve both male and female medical factors (Menning, 1977, p. 5). In our sample of twenty-two infertile couples, eight cases involve a female factor only, three cases involve a male factor only, nine cases involve both male and female factors, and two cases are undiagnosed. It is therefore the couple, and not the individual, which must be considered the focus for treatment. One man we interviewed makes this point forcefully:

Interviewer

Is there anything I haven't asked you that sticks out in your memory, that you think you want to say about the whole experience?

Respondent

I just think that, hopefully that you get this in your book. I think this whole thing where all of a sudden infertility is the woman's or the man's disease, or whatever...uh, I think it really should be stressed that it's a couple related problem, it's nobody's fault. You just hope people will realize that someday.

These people see the desire to have a child as a common goal toward which they can strive together:

> I think it made us closer because we had a common problem sort of situation there. We were trying to achieve the goal of having a child. For one reason or another we couldn't, and we were trying together to solve the problem. So, in order to solve it, we had to pull together. (male)

> More than most couples I know probably, we have to depend on each other and our relationship to make our marriage work. We are both very aware of that, I think. So we do talk a lot. (female)

"Talking a lot" is another common theme. Couples frequently mention that the fact that they were facing a common problem forced them to communicate. Van Keep and Schmidt-Ellmendorf (1975) found that involuntary childless couples had a higher degree of rapport than a matched sample of couples with children. In our sample, increased communication brought with it an increased sense of mutual empathy. One woman said:

> We're closer, I think, because this has really forced us to talk about really awful things and communicate with each other. I mean, I tell him how he makes me feel. He may not say the right thing, but I know he tries. He's real in touch now, I think. I think he's real sensitive to a lot of my feelings. Like what makes me feel bad. So, I think it's taught us how to talk to each other more, and communicate more, and care more about each other's feelings than when we first got married.

These people are saying that infertility brings them closer together by forcing them to communicate, but these marriages are by no means idyllic. In eighteen of the couples we interviewed, husbands and wives agreed that infertility resulted in increased levels of tension in their relationships. In only one case did husband and wife agree that the experience of infertility did not result in increased tension. We must keep in mind that arguing, too, is a form of communication. Communication does not obliterate the differences in the ways husbands and wives react to infertility (Greil and Leitko, 1986; Leitko and Greil, 1985; Link and Darling, 1986), but it does make husbands and wives more alert to each others feelings. One woman relates:

> It brought us closer together. We communicated. I think that's been a plus, that we've been able to communicate and respect one another's opinions. There are times that I'm pretty unbearable, and I imagine he is too. That's part of a relationship. If you get along 100% of the time, something's the matter with the relationship.

Her husband sees things in pretty much the same way:

> I think in some areas we're closer. I think our communications are in the realm of excellent. I think we talk very well together. Although I think it's put a tremendous strain on our relationship. We argue much more than we ever argued before. I think we're much more sensitive.

Thus, it seems that while infertility introduces tension into a relationship, that which produces much of the tension--the need for people with different perspectives to work out a common course of action to deal with a common problem--is also that which serves, in the long run, to make most of these couples feel closer. The negative cases--the couples who feel that infertility has pulled them apart rather than bringing them together--are instructive here. The couples who feel that infertility has made them more distant tend to be those in which one marital partner

(usually the husband) is not willing to accept the problem as a shared one or is unwilling to communicate about it. Here, a woman complains that her husband has not been supportive:

> You know, he's not overly supportive. When we were looking into adoption, he wasn't overly enthusiastic or supportive or saying, "Did you write to so and so?" or "Let's call so and so," or "Let's look into this agency," or "Let's begin the paperwork." He didn't encourage in that way.

She is charging him with "failure to communicate." He seems barely aware that there is a problem:

> Interviewer
> Do you talk much about infertility, the two of you?
>
> Respondent
> A fair amount. We communicate pretty well, I think.
>
> Interviewer
> Is it something that comes up once a week, once a month, everyday, once every couple of months?
>
> Respondent
> I'd say once a month. How much can you talk about something that there are no answers to?

Another woman reports being so frustrated with her husband's unwillingness to communicate that she threatened to divorce him:

> I remember saying, "I'm not even sure that maybe this isn't the way it's meant to be because we simply can't communicate...If we can't communicate on this, how are we going to communicate when we do have kids?" I kind of used that as an argument.

In our final excerpt, a husband with a low sperm count refuses to accept his wife's support. According to the wife:

> There has been lots of tension in the relationship, and we're just getting back together, really. Mostly what happened was that he withdrew from me, feeling his own inadequacies. It was his way of dealing with the emotional pain of it. It was like he was saying to himself, "It's my problem and it's not her problem, and I gotta do this thing." That was real, real hard for a long time.

In the examples just cited, we are witnessing the infertile couple's version of the conflict over intimacy that is so typical of American marriages (Cancian 1985; Rubin 1976; 1983). Where the husband resists his wife's demands for greater communication, infertility serves to divide them; where the husband accepts infertility as a common problem about which there is a need to communicate, it unites them.

CONCLUSIONS AND IMPLICATIONS

This essay began with a brief discussion of the social scientific evidence for a correlation between sexual satisfaction and intimacy. Psychoanalyst Aaron Stein explains the connection between sex and intimacy in the following passage:

> It's not that sex is so vital to life but that sex relieves tensions and provides in marriage the pleasure of closeness, the satisfaction and fulfillment of the love the couple has for one another. The need to make love is not only a sexual one, it's a need to enjoy one another, to make contact in a concrete way (cited in Klagsbrun, 1985, p. 117).

In Stein's view, sex contributes to intimacy because it is one vehicle for a shared experience of closeness.

In American society, sex has a specific culturally assigned meaning. Sex is believed to be the consequence, the cause and the indicator of intimacy. Good sex, in other words, serves for many American couples as a symbol for a close relationship. The context in which infertile couples engage in intercourse strips sex of its implications of intimacy, making it instead a chore, a means to an end, a mechanical act. But, at the same time, infertility lets sex "off the hook." Infertile couples come to understand that lousy sex is not their fault. Because sexual problems

(even those that may have existed prior to a couple coming to define themselves as infertile) can be attributed to infertility, sex loses its status as the symbol of a satisfying relationship.

Ironically, at the same time that the experience of infertility removes from most couples the possibility of using sex as a resource for constructing intimacy, it supplies them with another: the shared experience of infertility itself. The sense of being "in this thing together" that characterizes many infertile couples can enhance communication and thus strenghten their sense of intimacy.

Our data suggest that the relationship between intimacy and sex is conditioned by situational and cultural factors, that there is not one necessary relationship between level of sexual satisfaction and intimacy. We already knew that intimacy does not have the same relationship to sex for women as it does for men (Cancian 1985; Patton and Waring 1985; Rubin 1976; 1983). Now we also know that the relationship is different for the infertile than for the fertile. The search should now begin for other situations in which the relationship between sex and intimacy differs from that which our cultural presuppositions would lead us to expect. In particular, it would be interesting to learn whether other conditions which make sex either impossible or difficult (such as certain types of chronic illness and/or disability, for example) might have a similar effect to infertility on the connection between sexual satisfaction and the perceived closeness of marital relationships.

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